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Signature

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PTO/SB/21 (09-08)

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	Jnder the Pa	perwork Reduction Act of 1995	no person	Application Number	10/580,19		unless it displays a valid OMB control number.						
	TR	RANSMITTAL		Filing Date	January 2	January 24, 2007							
FORM				First Named Inventor	Volker GA	Volker GALLATZ							
				Art Unit	3747	3747							
(to be used for all correspondence after initial filing				Examiner Name									
Total Number of Pages in This Submission			Attorney Docket Number		51253								
ENCLOSURES (Check all that apply)													
	Fee Attached						After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):						
Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				· ·									
		SIGNA	TURE O	OF APPLICANT, ATTO	DRNEY, C	R AG	ENT						
Firm N	lame	Roylance, Abrams, Berdo	& Goodm	ian, L.L.P.									
Signat	ure	May Be	uls		·								
Printed name Mark S. Bicks													
Date		February 6, 2009		Reg. No.	28,770	)							
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with													
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

PTO/SB/17 (10-08)

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Date February 6, 2009

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·		RAITT A I	Application N	Application Number		10/580,196							
FEE		MITTAL	Filing Date		January 24, 2007								
	For FY 2	009	First Named	First Named Inventor		Volker GALLATZ							
Applicant clair	ns small entity status	See 37 CFR 1 27	Examiner Na	Examiner Name K.		K. A. Coleman							
			Art Unit	Art Unit 37		3747							
TOTAL AMOUNT	OF PAYMENT (\$)	130	Attorney Doc	Attorney Docket No. 5125									
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
✓ Deposit Account   Deposit Account Number: 18-2220   Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments													
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULAT		<u> </u>		·									
		EYAMINATION EEE											
I. BASIC FILING	1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES												
Application Ty	pe <u>Fee (\$)</u>	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee	<u>Small I</u> (\$) <u>Fee</u>		Fees Paid (\$)						
Utility	330	165 54		220									
Design	220	110 10		140									
Plant	220	110 33	-	170									
Reissue	330	165 54		650									
Provisional	220		0 0		) (								
2. EXCESS CLA	NM FEES		_		_		mall Entity						
Fee Description	! ver 20 (including R	(aigenae)			<u>Fe</u>	se (\$) 52	<u>Fee (\$)</u> 26						
		including Reissues)			2	220	110						
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Total Claims	Extra Clair	ns <u>Fee (\$)</u>	ee Paid (\$)		<u>Mu</u>	Itiple Depe	ndent Claims						
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HP = highest numb	er of total claims paid fo Extra Clair	. •	ee Paid (\$)										
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HP = highest numb	er of independent claim	s paid for, if greater than 3.											
3. APPLICATION	N SIZE FEE	exceed 100 sheets of	naner (evoluding	a electror	nically file	d seguence	or computer						
		, the application size											
sheets or fra	ction thereof. See	35 U.S.C. 41(a)(1)(0	G) and 37 CFR 1	1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =													
4. OTHER FEE(S	<del></del>		, · · · · · · - <b>- p</b> · · ·		,	-	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): 1-Month Extension of Time 130													
SUBMITTED BY													
Registration No. 20 770 Telephone (200) 650 9076													
- 17	//VILLAND	wr-	(Attorney/Agent)	,,		,							

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Name (Print/Type) Mark S. Bicks